



Re: Application Number 81-HW-0132
Cuyahoga County

August 26, 1981

Edwin Frye
Assistant Chief Plant Engineer
Union Carbide Corporation
Carbon Products Division
P.O. Box 6087
Cleveland, Ohio 44101

Dear Mr. Frye:

On July 22, 1981, Richard Shandross of the U.S. EPA conducted an inspection of your facility, as part of the Hazardous Waste facility permit review process. Your facility was represented by Edwin Frye.

Enclosed are two forms. The one titled "TREATMENT, STORAGE AND DISPOSAL FACILITY" is a copy of the form used during the inspection to evaluate your facility.

The other form, "DEFICIENCY NOTIFICATION TABLE", relates to the "TREATMENT, STORAGE AND DISPOSAL FACILITY" form and specifies what action must be taken where deficiencies were noted. A mark in column four of the "DEFICIENCY NOTIFICATION TABLE" denotes a violation of current regulations or pinpoints areas which will be covered by regulations not yet effective. The capital letter codes in column four are explained on the last page of the "DEFICIENCY NOTIFICATION TABLE".

You are hereby advised that total compliance with the regulations contained in 40 CFR 265 is required as a condition of continuing interim status with the U.S. EPA. Failure to list specific deficiencies in this communication does not relieve you from the responsibility of complying with all applicable regulations.

Very truly yours,

A handwritten signature in cursive script, reading "Paul Flanigan".

Paul Flanigan, P.E.
Hazardous Waste Materials Management

PF/bsr

cc: Kathleen Homer, U.S. EPA, Region V
Richard Shandross, U.S. EPA, Region V
NEDO

CERTIFIED MAIL

81-HW-0132
STATE IDENTIFICATION NUMBER
(if Applicable)

DHD004167383
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

(A) Facility Name: Union Carbide - Carbon Products Div.
(B) Street: 11709 Madison Ave
(C) City: Cleveland (D) State: Ohio (E) Zip Code: 44101
(F) Phone: (216) 226 2824 (G) County: Cuyahoga
(H) Operator: Same as above, except street
(I) Street: P.O. Box 6087
(J) City: _____ (K) State: _____ (L) Zip Code: _____
(M) Phone: _____ (N) County: _____
(O) Owner: Same as operator
(P) Street: _____
(Q) City: _____ (R) State: _____ (S) Zip Code: _____
(T) Phone: _____ (U) County: _____
(V) Date of Inspection: 7-22-81 (W) Time of Inspection (From) 1:30p (To) 4:35p
(X) Weather Conditions: Sunny About 85°F

7-1-81/J.B.

(Y) Person(s) Interviewed

Edwin Freye

Larry Baker

Title

Asst. Chief Pt. Eng.

Supt. of Maint.

Telephone

(216) 226 2824

(216) 226 2824

(Z) Inspection Participants

Richard Shandross

Agency/Title

USEPA/Env. Engr.

Telephone

(312) 886-6146

(AA) Preparer Information

Name

Richard Shandross

Agency/Title

USEPA/Env. Engr.

Telephone

(312) 886-6146

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

A. Storage and/or Treatment

1. Containers (I)
2. Tanks (J)
3. Surface Impoundments (K)
4. Waste Piles (L)

B. Land Treatment (M)

C. Landfills (N)

 D. Incineration and/or Thermal Treatment
(O and P)

 E. Chemical, Physical, and Biological
Treatment (Q)

NOTE: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<input checked="" type="checkbox"/>			N/A no offsite
2. Facility expansion?	<input checked="" type="checkbox"/>			N/A no expand
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<input checked="" type="checkbox"/>			265.13(b) 1 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<input checked="" type="checkbox"/>			2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?				N/A no offsite recd.
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	<input checked="" type="checkbox"/>			
2. Artificial or natural barrier around facility?	<input checked="" type="checkbox"/>			
3. Controlled entry?	<input checked="" type="checkbox"/>			
4. Danger sign(s) at entrance?	<input checked="" type="checkbox"/>			at "B" only. Not at "D" or "C"
<p><i>"C" "B" is only active portion (containers) "D" is active (tank)</i></p>				
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?			<input checked="" type="checkbox"/>	1
2. Records of operator error?			<input checked="" type="checkbox"/>	
3. Records of discharges?			<input checked="" type="checkbox"/>	

*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI	Remarks
4. Inspection schedule?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Safety, emergency equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Security devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fence inspected 3 times a yr; not recorded
7. Operating and structural devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A no such equip
8. Inspection log?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(E) Do personnel training records include:				2 groups - handlers (10) "containers" in accident case (7)
1. Job titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Job descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	policy is to do so. Only 1 new employee to be trained w/in 6 mo. pretty well trained now.
(F) If required, are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	incl spark proof fork truck
2. No smoking signs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Separation and protection from ignition sources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?

Yes No NI Remarks

_____ ✓ _____ _____

(B) If required, does the facility have the following equipment:

1. Internal communications or alarm systems?

✓ _____ _____ _____

2. Telephone or 2-way radios at the scene of operations?

✓ _____ _____ _____

3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

✓ _____ _____ _____
(Emergency crew from maint. dept.)
- brooms, shovels, Hi-Dri, extinguishers, SCBA, protective clothes, etc.
- drums for contain soil, equip. clothes

Indicate the volume of water and/or foam available for fire control: - emergency showers, but effluent not contained.

(C) Testing and Maintenance of Emergency Equipment:

1. Has the owner or operator established testing and maintenance procedures for emergency equipment?

✓ _____ _____ _____
fire exting.
- annually w/records by outside firm.
- monthly in house w/records.

2. Is emergency equipment maintained in operable condition?

✓ _____ _____ _____

(D) Has owner or operator provided immediate access to internal alarms? (if needed)

_____ N/A never one person in area only. _____

(E) Is there adequate aisle space for unobstructed movement?

✓ _____ _____ _____

V. C CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:

Yes No NI

Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)

✓

265.56

a	✓
b	✓
c	✓
d	✓
e	✓
f	✓
g	✓
h	✓
i	X
j	✓

*dual system
emergency chief
environmental
coordinator*

2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?

✓

*fire
police
hospital*

3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?

✓

4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?

✓

5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI	Remarks
(P) Are copies of the Contingency Plan available at site and local emergency organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?				<i>N/A not implemented no emerg</i>

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING
(Part 265 Subpart E)

	Yes	No	NI	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest? (Particularly sending a copy of the signed manifest back to the generator within 30 days after delivery.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A no offsite rec'd</i>
2. Are records of past shipments retained for 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I. RECORDKEEPING - Continued

(C) Operating Record

	Yes	No	NI	Remarks
1. Does the owner or operator maintain an operating record as required in 265.73?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the operating record contain the following information:				
**b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. The location and quantity of each hazardous waste within the facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A no disposal</i>
e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>yes inspect, analyses</i>
f. Reports detailing all incidents that required implementation of the Contingency Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>N/A no incidents</i>
g. All closure and post closure costs as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI	Remarks
(A) Closure				
1. Is the facility closure plan available for inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>missing 265.112 (a)(2), (3), (4)</i>
2. Has this plan been submitted to the Regional Administrator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Has closure begun?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Is the written closure cost estimate available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>gotten by calling LF's for estimates</i>
(B) Post closure care and use of property				<i>N/A no disposal</i>
1. Is the facility post-closure plan available for inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has this plan been submitted to the Regional Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Has the post-closure period begun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the written post-closure cost estimate available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I

USE AND MANGEMENT OF CONTAINERS

Facility Name: Union Carbide Carbon Products Div. Date of Inspection: 7-22-81

	Yes	No	NI	Remarks
1. Are containers in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>some rusting on tops but not yet significant</i>
2. Are containers compatible with waste in them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are containers managed to prevent leaks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Yes No NI Remarks

5. Are ignitable and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).

✓

6. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)

N/A no incompatibles

7. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?

N/A no incompatibles

J
TANKS

Facility Name:

Union Carbide / Carbon Prod. Div.

Date of Inspection:

7-22-81

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?

✓

2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?

N/A covered

3. Do continuous feed systems have a waste-feed cutoff?

N/A batch

4. Are waste analyses done before the tanks are used to store a substantially different waste than before?

N/A same matl

5. Are required daily and weekly inspections done?

✓

6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

✓

very reflective

tank surface to prevent heating up. pressure vented to atmosphere. Also, ignitable not in concentrated form, but mixed with water.

7. Are incompatible wastes stored in separate tanks?
(If not, the provisions of 40 CFR 265.17(b) apply.)

N/A none

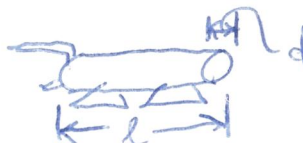
8. Has the owner or operator observed the National Fire Protection Associations buffer zone requirements for tanks containing ignitable or reactive wastes?

NI Rs

Tank capacity: 10000 gallons

Tank diameter: about 6 feet

= d
2 x 25 feet (or less)



from part A
and estimate
of diameter

Distance of tank from property line ~300 feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

N/A

Facility Name: _____

Date of Inspection: _____

	Yes	No	NI	Remarks
1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?	_____	_____	_____	_____
2. Do earthen dikes have protective covers?	_____	_____	_____	_____
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?	_____	_____	_____	_____
4. Is the freeboard level inspected at least daily?	_____	_____	_____	_____
5. Are the dikes inspected weekly for evidence of leaks or deterioration?	_____	_____	_____	_____
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	_____	_____	_____	_____

Yes No NI Remarks

7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)

L

NA

WASTE PILES

Facility Name: _____ Date of Inspection: _____

Yes No NI Remarks

1. Are waste piles covered or protected from dispersal by wind?

2. Is each in-coming movement of waste analyzed before being added to the waste pile?

3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? (The effective date of this provision is Nov. 19, 1981.)

4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)

5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?

6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.)

7. Are piles of incompatible waste protected by barriers or distance from other waste?

*Not Inspected

M
LAND TREATMENT

Facility Name: _____ Date of Inspection: _____

	Yes	No	NI	Remarks
1. Is treated hazardous waste capable of biological or chemical degradation?	_____	_____	_____	_____
2. Are run-off and run-on diverted from the facility or collected (Effective date: November 19, 1981)?	_____	_____	_____	_____
3. Is waste analyzed according to 265.273?	_____	_____	_____	_____
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?	_____	_____	_____	_____
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available?	_____	_____	_____	_____
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?	_____	_____	_____	_____
7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility?	_____	_____	_____	_____
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.)	_____	_____	_____	_____
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies)	_____	_____	_____	_____

N
LANDFILLS

N/A

Facility Name: _____

Date of Inspection: _____

Yes No NI Remarks

(A) General Operating Requirements

Does the facility provide the following:

**1. Diversion of run-on away from active portions of the fill?

**2. Collection of run-off from active portions of the fill?

**3. Is collected run off treated?

4. Control of wind dispersal of hazardous waste?

(**Effective 11-19-81)

(B) Surveying and Recordkeeping

Does the Operating Record Include:

1. A map showing the exact location and dimensions of each cell?

2. The contents of each cell and the location of each hazardous waste type within each cell?

(C) Closure and Post-Closure

1. Is the Closure Plan available?

2. Has this plan been submitted to the Regional Administrator?

3. Has closure begun?

4. Is the closure cost estimate available?

D) Special requirements for ignitable or reactive waste

Are ignitable or reactive waste treated so the resulting mixture is no longer ignitable or reactive? (Indicate if waste is ignitable or reactive.)

Note: If waste is rendered non-reactive or non-ignitable see treatment requirements.
If not, the provisions of 40 CFR 265.17(b) apply.

	Yes	No	NI	Remarks
(E) Special Requirements for Incompatible wastes.				
Does the owner or operator dispose of incompatible waste in separate cells? (If not, the provisions of 40 CFR 265.17(b) apply.)	_____	_____	_____	_____
(F) Special requirements for liquid waste (effective 11-19-81)				
1. Are bulk or non-containerized liquids placed in the landfill?	_____	_____	_____	_____
2. Does the landfill have a chemically and physically resistant liner system?	_____	_____	_____	_____
3. Does the landfill have a functional leachate collection system?	_____	_____	_____	_____
4. Are free liquids stabilized prior to or immediately after placement in the landfill?	_____	_____	_____	_____
(G) Special requirements for Containers (effective 11-19-81)				
Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill?	_____	_____	_____	_____

O and P
INCINERATION and THERMAL TREATMENT

N/A

(A) Facility Name: _____

(B) Date of Inspection: _____

I. Determination of Steady State

(A) Type of unit (i.e., type of incinerator or thermal treatment): _____

(B) Components and steady state condition:

Was each component at steady state prior to adding waste?

Component	Yes	No	NI	Remarks
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

II. Waste Analysis

(A) Minimum requirements, for wastes not previously burned/treated.

	Yes	No	NI	Remarks
1. Required analyses; has an analysis been performed for the following?				
a. Heating value	_____	_____	_____	_____
b. Halogen content	_____	_____	_____	_____
c. Sulfur content	_____	_____	_____	_____

Yes No NI Remarks

2. Has documented or written data been substituted for analysis of either:

a. Lead?

b. Mercury:

(B) List other paramters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

Remarks

1. _____
2. _____
3. _____
4. _____
5. _____

III. Monitoring and Inspections

Yes No NI Remarks

(A) Are combustion/emission control instruments monitored at least every 15 minutes?

(B) Is steady stte maintained or corrections attempted?

(C) Is stack plume observed at least hourly for normal color and opacity?

(D) Did any stack observations made by owner or operator show a plume different than normal?**

E) If yes to D above, were corrections made to return emissions to normal apperance?**

F) Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?

*Specify in Remarks for what period of time this was checked.

	Yes	No	NI	Remarks
(G) Are emergency shutdown controls and system alarms checked daily for proper operation?	_____	_____	_____	_____

IV. Open Burning

(A) Only complete this part if the facility open burns hazardous waste.

	Yes	No	NI	Remarks
1. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is open-burned.)	_____	_____	_____	_____
2. It this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)	_____	_____	_____	_____

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others	
0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,0001 to 30,000.....	690 m	2,260 ft

Q

CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

N/A

Facility Name: _____

Date of Inspection: _____

	Yes	No	NI	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?	_____	_____	_____	_____
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?)	_____	_____	_____	_____
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	_____	_____	_____	_____
4. Are inspection procedures followed according to 265.403?	_____	_____	_____	_____
5. Are the special requirements fulfilled for ignitable or reactive wastes?	_____	_____	_____	_____
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	_____	_____	_____	_____

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristics under 40 CFR §261.22, or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI	Remarks
(A) Does the operator have copies of the manifest available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID number of Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Did the generator receive a signed copy of each manifest from the designated facility within 35 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A none sent

	Yes	No	NI	Remarks
1. If not, was an Exception Report submitted to the Regional Administrator?	_____	_____	_____	_____
2. Was the Exception Report submitted within 45 days of the date of the waste was accepted by the initial transporter?	_____	_____	_____	_____
(D) If an Exception Report was submitted, did it contain the following information: <i>N/A</i>	_____	_____	_____	_____
1. A legible copy of the manifest for which the generator does not have confirmation of delivery?	_____	_____	_____	_____
2. A cover letter is signed by the generator or his representative explaining the efforts taken to locate the hazardous waste and the results of those efforts?	_____	_____	_____	_____
(E) How many manifests were checked during the inspection?	_____	_____	_____	<i>none - none sent.</i>
(F) Describe the generators system for tracking manifests:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site)	_____	_____	_____	_____
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	_____	_____	_____	_____
(C) If required, are placards available to transporters of hazardous waste?	_____	_____	_____	_____

Omit Section-3 if the facility has interim status and its Part A permit application describes storage

3. On Site Accumulation

	Yes	No	NI	Remarks
1. Are containers marked with start of accumulation date?	_____	_____	_____	_____
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?	_____	_____	_____	_____
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections ignitable or reactive waste located at least 15 meters (50 feet) from facility's property line?	_____	_____	_____	_____
4. If waste are stored in tanks, are the tanks managed according to the following requirements?				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?	_____	_____	_____	_____
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures?	_____	_____	_____	_____
c. Do continuous feed systems have a waste-feed cutoff?	_____	_____	_____	_____
d. Are required daily and weekly inspections done?	_____	_____	_____	_____
e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	_____	_____	_____	_____
-f. Are incompatible waste stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.)	_____	_____	_____	_____

VI. RECORDKEEPING and REPORTING
(Part 262, Subpart D)

	Yes	No	NI	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?	<hr/>	<hr/>	<hr/>	<hr/>
(B) Has the generator submitted Annual Reports and Exception Reports as required?	<hr/>	<hr/>	<hr/>	<hr/>

VIII. INTERNATIONAL SHIPMENTS
(Part 262, Subpart E)

	Yes	No	NI	Remarks
Has the installation imported or exported Hazardous Waste?	<hr/>	<hr/>	<hr/>	<hr/>
(If answered Yes, complete the following as applicable.)				
1. Exporting Hazardous waste; has a generator:				
a. Notified the Administrator in writing?	<hr/>	<hr/>	<hr/>	<hr/>
b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	<hr/>	<hr/>	<hr/>	<hr/>
c. Met the Manifest requirements?	<hr/>	<hr/>	<hr/>	<hr/>
2. Importing Hazardous Waste; has the generator met the manifest requirements?	<hr/>	<hr/>	<hr/>	<hr/>

X
TRANSPORTER REQUIREMENTS
40 CFR Part 263

Complete this Section if the owner or operator transports hazardous waste.

I. MANIFEST SYSTEM and RECORDKEEPING
(Subpart B)

	Yes	No	NI	Remarks
Are copies of the completed manifests of shipping paper(s) available for review and retained for three years?	___	___	___	

II. INTERNATIONAL SHIPMENTS

	Yes	No	NI	Remarks
(A) Does the transporter record on the manifest the date the waste left the U.S.?	___	___	___	
(B) Are signed completed manifest(s) on file?	___	___	___	

V. MISCELLANEOUS

	Yes	No	NI	Remarks
(A) Does transporter transport hazardous waste into the U.S. from abroad?	___	___	___	
(B) Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?	___	___	___	

NOTE: If (A) or (B) were answered "Yes" then the transporter is also a Generator and must comply with the Generator regulations.

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

Plant was shut down for several weeks. Plant makes various industrial graphite parts. ~~Waste was found on site~~ PS Did not investigate source of waste, but on-site only. One waste storage tank, and about 40 drums containing hazardous waste.

Drum areas, while noted as A, B, and C, were not all used. Only

C was currently in use. Only B was itself fenced.

Possible Violations

265.2

14(c)

52(a) [w/r/t 56(a)]

73(b)(1), (b)(2)

112(a)(2), (a)(3), (a)(4)

FORM 1
GENERAL
EPA
U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER
F O H D 0 4 1 6 7 3 8 3 D

LABEL ITEMS

I. EPA I.D. NUMBER

II. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY
1 SKIP UNION CARBIDE CORP. CARBON PRODUCTS DIV.

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)
2 ROBERTS GORDON
3 FRYE EDWIN ASST. CHIEF PLT. ENG.

B. PHONE (area code & no.)
2 1 6 2 2 6 2 8 2 4

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 P. O. BOX 6087

B. CITY OR TOWN
4 CLEVELAND

C. STATE
OH

D. ZIP CODE
44101

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 11709 MADISON AVE.

B. COUNTY NAME
CUYAHOGA

C. CITY OR TOWN
6 CLEVELAND

D. STATE
OH

E. ZIP CODE
44107

F. COUNTY CODE (if known)
035

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
7	3	6	2	4	(specify)	GRAPHITE HEAT EXCHANGERS & PARTS					7	3	2	9	3	(specify)	GRAPHITE SHEET, PACKINGS & GASKETS				
C. THIRD										D. FOURTH											
7	3	6	2	9	(specify)	BORON NITRIDE LABWARE, SHAPES & POWDERS					7					(specify)					

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																													
8	U	N	I	O	N	C	A	R	B	I	D	E	C	O	R	P	.	C	A	R	B	O	N	P	R	O	D	U	C	T	S	D	I	V	.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										A 2 1 6 2 2 6 2 8 2 4									
E. STREET OR P.O. BOX																																							
P O BOX 6 8 7																																							
F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B C L E V E L A N D										O H										4 4 1 8 1										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)										
9	N	A								9	P									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)										
9	U									9	Z									(specify)
C. RCRA (Hazardous Wastes)										E. OTHER (specify)										
9	R									9										(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

This manufacturing plant produces: Graphite Heat Exchangers and Parts, Graphite Packing and Gaskets, Boron Nitride Labware, Shapes and Powders.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
R. G. Russel Vice President & General Manager	<i>R. G. Russel</i>	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C

FORM
3
RCRA



U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

FOHD 004167383 21

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	9	2

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Dispose!:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

Treatment:

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 2	10,000	G	7			
	S 0 1	7,150	G	8			
3				9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																
W O H D 0 0 4 1 6 7 3 8 3 3 1													W DUP 3 2 DUP																
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES																
1	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
	23	24	25			26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
1	F	0	0	1	2,000,000	P	S	0	1																				
2	F	0	0	2	500,000	P	S	0	1																				
3	F	0	0	3	3,600,000	P	S	0	1																				
4	F	0	0	5	13,000,000	P	S	0	1																				
5	F	0	1	7	1,500,000	P	S	0	1																				
6	F	0	1	8	8,000,000	P	S	0	1																				
7	U	0	3	7	100,000	P	S	0	1																				
8	U	1	2	2	100,000	P	S	0	1																				
9	U	1	2	5	600,000	P	S	0	1																				
10	U	1	3	1	100,000	P	S	0	1																				
11	U	2	1	0	100,000	P	S	0	1																				
12	U	2	2	8	600,000	P	S	0	1																				
13	D	0	0	1	12,000,000	P	S	0	2																				
14																													
15																													
16																													
17																													
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24																													
25																													
26																													

IV. DESCRIPTION OF HAZARDOUS WAST.

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	O	H	D	0	0	4	1	6	7	3	8	3	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

F6A/55

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, seconds)

LONGITUDE (degrees, minutes, seconds)

4	1	2	8	0	3	3
65	66	67	68	69	70	71

0	8	1	4	6	0	1	6
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX															4. CITY OR TOWN															5. ST.					6. ZIP CODE									

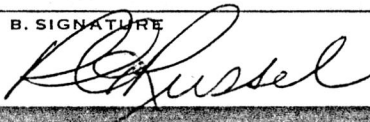
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R. G. Russel
Vice President & General Manager

B. SIGNATURE



C. DATE SIGNED

11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

RCRA INSPECTION REPORT

INTERIM STATUS STANDARDS, TREATMENT, STORAGE AND DISPOSAL FACILITIES

DEFICIENCY NOTIFICATION TABLE

ISS INSPECTION

FACILITY NO. - 81-HW-0132

OWNER - Union Carbide Corporation

FACILITY NAME - Union Carbide Corp - Carbon Products Division

FACILITY LOCATION - 11709 Madison Ave Cleveland, Ohio

FACILITY CONTACT - Edwin Frye

ISS INSPECTION DATE - July 22, 1981

PHONE NO. - 216/226-2824

COLUMN I COLUMN II COLUMN III COLUMN IV COLUMN V COLUMN VI

Page	Item No.	OAC Reference	USEPA Reference	See Code Following	Refer To ISS Remark	OEPA Use
3	III A 1	3745-55-12(A)	265.12 (A)			
	2					
	B 1	3745-55-13	265.13			
	2	3745-55-13	265.13			
	3	"	"			
	C 1	3745-55-14	265.14			
	2	"	"			
	3	"	"			
	4	"	"	B	✓	
	D 1	3745-55-15	265.15			
4	2	"	"			
	3	"	"			
	4	"	"			
	5	"	"			
	6	"	"	B	✓	
	7	"	"			
	8	"	"			
	E 1	3745-55-16	265.16			
	2	"	"			
	3	"	"			
5	4	"	"			
	5	"	"			
	6	"	"			
	F 1	3745-55-17	265.17			
	2	"	"			
	3	"	"			
	IV A	3745-55-31	265.31			
	B 1	3745-55-32	265.32			
	2	"	"			
	3	"	"			
	C 1	3745-55-33	265.33			
	2	"	"			
	D	3745-55-34	265.34			
	E	3745-55-35	265.35			
	V A 1	3745-55-52	265.52			

COLUMN I				COLUMN II	COLUMN III	COLUMN IV	COLUMN V	COLUMN VI
Item No.				OAC Reference	USEPA Reference	See Code Following	Refer To ISS Remark	OEPA Use
6	V	A	2	3745-55-52	265.52			
(Con't.)			3	"	"			
			4	"	"			
			5	"	"			
7		B		3745-55-53	265.53			
		C	1	3745-55-55	265.55			
			2	"	"			
			3	"	"			
		D		3745-55-56	"			
	VI	A	1	3745-55-71	265.71			
			2	"	"			
		B		3745-55-72	265.72			
8		C	1	3745-55-73	265.73			
			2b	"	"	B		
			c	"	"	B		
			d	"	"			
			e	"	"			
			f	"	"			
			g	"	"			
9	VII	A	1	3745-56-03	265.112	B	✓	
			2	"	"			
			3	"	"			
			4	3745-56-32	265.142	B	✓	
		B	1	3745-56-09	265.118			
			2	"	"			
			3	"	"			
			4	3745-56-34	265.143			
	VIII	I	1	3745-56-51	265.171		✓	
			2	3745-56-52	265.172			
			3	3745-56-53	265.173			
			4	"	"			
10			5	3745-56-54	265.174			
			6	3745-56-56	265.176			
			7	3745-56-57	265.177			
		J	1	3745-56-72	265.192			
			2	"	"			
			3	"	"			
			4	3745-56-73	265.193			
			5	3745-56-74	265.194			
			6	3745-56-78	265.198			
11			7	3745-56-79	265.199			
			8	3745-56-78	265.198			
		K	1	3745-57-03	265.222			
			2	3745-57-04	265.223			
			3	3745-57-06	265.225			
			4	3745-57-07	265.226			
			5	"	"			
			6	3745-57-10	265.229			
12			7	3745-57-11	265.230			

COLUMN I

COLUMN II

COLUMN III

COLUMN IV

COLUMN V

COLUMN VI

Page

Item No.

OAC Reference

USEPA Reference

See Code
FollowingRefer to
ISS RemarkOEPA
USE

12	L	1	3745-57-31	265.251			
		2	3745-57-32	265.252			
		3	3745-57-33	265.258			
		4	3745-57-36	265.256			
		5	"	"			
		6	3745-57-37	265.257			
13	M	7	3745-57-37	265.257			
		1	3745-57-52	265.272			
		2	"	"			
		3	3745-57-53	265.273			
		4	3745-57-56	265.276			
		5	3745-57-58	265.278			
		6	3745-57-58	265.278			
		7	3745-57-59	265.279			
		8	3745-57-61	265.281			
14	N	A	9	3745-57-62	265.282		
			1	3745-57-72	265.302		
			2	"	"		
			3	"	"		
	B	1	4	"	"		
			2	3745-57-79	265.309		
	C	1	2	"	"		
			3	3745-56-03	265.112		
			4	"	"		
			4	3745-56-32	265.192		
	D			3745-57-82	265.312		
				3745-55-17	265.17(b)		
15	E			3745-57-83	265.313		
				3745-55-17	265.17(b)		
	F	1		3745-57-84	265.314		
			2	"	"		
			3	"	"		
			4	"	"		
	G	O&P		3745-57-85	265.315		
16	I	B					
			1	3745-58-33	265.373		
			2	"	"		
			3	"	"		
	II	A	4	"	"		
			5	"	"		
			1a	3745-58-35	265.375		
			b	"	"		
			c	"	"		
17		2a		3745-58-35	265.375		
			b	"	"		
	B	1		"	"		
			2	"	"		
			3	"	"		
			4	"	"		
			5	"	"		

Page	COLUMN I		COLUMN II		COLUMN III		COLUMN IV	COLUMN V		COLUMN VI
	Item No.		OAC Reference		USEPA Reference		See Code Following	Refer to ISS Remark		OEPA USE
17	III	A		3745-58-37		265.377				
(Con't)		B		"		"				
		C		"		"				
		D		"		"				
		E		"		"				
		F		"		"				
		G		"		"				
	IV	A	1	3745-58-42		265.382				
			2	"		"				
19	Q		1	3745-58-51		265.401				
			2	"		"				
			3	3745-58-52		265.402				
			4	3745-58-53		265.403				
			5	3745-58-55		265.405				
			6	3745-58-56		265.406				
20	IX	I	(A)	3745-52-40		262.40				
			(B) 1	3745-52-21		262.21				
			2	"		"				
			3	"		"				
			4	"		"				
			5	"		"				
			6	"		"				
			7	"		"				
			8	3745-50-42		122.6				
			(C)	3745-52-42		262.42				
21			1	3745-52-42		"				
			2	"		"				
			(D) 1	3745-52-42		262.42				
			2	"		"				
	2	(A)		3745-52-30		262.30				
		(B)		3745-52-31		262.31				
		(C)		3745-52-33		262.33				
22	3		1	3745-52-34		262.34				
			2	"		"				
			3	3745-56-54		265.174				
			4a	3745-56-72		265.192				
			b	"		"				
			c	"		"				
			d	3745-56-74		265.184				
			e	3745-56-78		265.198				
			f	3745-56-79		265.199				
23	VI	A		3745-52-40		262.40				
		B		3745-52-41		262.41				
	VII		1a	3745-52-50		262.50				
			b	"		"				
			c	"		"				
			2	"		"				
24	X	I		3745-53-22		263.22				
		II	A	3745-53-20		263.20				
			B	"		"				
		V	A	3745-53-10		263.10				
			B	3745-53-10		"				

KEY TO CODED ITEMS (COLUMN IV)

- A. Because the inspection at this facility was conducted prior to May 19, 1981, requirements which became effective on that date were not checked. These requirements are now effective and must be met as a condition of interim status under the federal regulations and as part of the considerations for issuance of an Ohio Hazardous Waste Permit.
- B. or C. The inspection revealed a deficiency in compliance with this item, which must be satisfactorily corrected. A determination of compliance will be made in the future.
- D. The inspection revealed a violation of regulations pertaining to this item. Since the environmental consequences of this violation may be quite serious this problem must be corrected as soon as possible. We will schedule another inspection no sooner than 30 days after the date of this letter to determine if compliance has been achieved. Further steps in the permitting process will be delayed until the re-inspection.
- E. Regulations concerning this item will become effective November 19, 1981. These requirements were not addressed in the inspection, but compliance is required by November 19, in order to meet federal interim status requirements and as a part of the considerations in issuing an Ohio Hazardous Waste Permit.
- F. Inspection revealed non compliance with this item. Compliance with this item is required unless a facility has filed as a storage facility. You should either correct the deficiency listed or file an amended Part A application for a storage facility.
- G. NFPA's code requires that the tanks be located 50 feet from the property line.

